

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	2				
3						
4		2				
5		①				
6	/					
7		①				
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50						
TOTAL IND.	3					
TOTAL DEP.	6	↔	↔	↔		
TOTAL CLAIMS	9					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	1					
6	1					
7	1					
8	1					
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TOTAL IND.	3					
TOTAL DEP.	6					
TOTAL CLAIMS	9					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS